91W10 LESSONS LEARNED

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OBJECTIVES

- Identify the critical factors for “start up”
- Describe challenges of conducting 91W10 Reclassification Course in USAR
- Review “Lessons Learned”
- Provide recommendations for other TASS
- Discuss MOA process and clinical training recommendations
- Describe components of QI process for 91W10

Critical Factors for "Start-Up"

- Equipment in place at remote sites
  (e.g., SimMan)
- MOAs with hospitals/ambulance companies
- Briefing of soldiers prior to reporting
- Schedule plan for all phases
- DANTES coordination
- Support for Immunizations (Hepatitis,TB) and CPR
- Medical Director oversight

CHALLENGES

- Become compliant with prerequisites (Hep B, TB, CPR-HCP, Physicals etc.)
- Get student in correct course(Reclass/Trans)
- Integrate A&P, Medical Terminology Ph 1
- Provide students in Ph 2 better support
- Follow up EMT-B failures prior to Ph 3

CHALLENGES-cont.

- Assess computer skills/computer access Ph 2
- Clarify ATRRS for customer units (Ph 1 per POI is IDT/AT format)
- Obtain MOAs with facilities
- Implement prerequisites of MOAs with clinical facilities (HIPPA, confidentiality statements, universal precautions, hospital specific requirement)/type of student training requested/ uniforms etc.

CHALLENGES-cont.

- Continue to adapt to future changes in POI
- What to do with 50% no-shows?
- Increase the number of qualified NCO faculty
- Re-engage faculty in TASS requirements (Newsletters 1-26; MSG Geier)

LESSONS LEARNED

- CPR (HCP) as a prerequisite may not be realistic for non-medical personnel
- Denial of grade waiver (E6) is an issue with National Guard
- Computers/computer lab access for Ph2 a major issue for reservists (skills/access)
- Need to increase S4/Log support for training units conducting these classes

LESSONS LEARNED- cont.

- Confusion exists among customers units as to appropriate course- Reclass/Trans
- DANTES support must be coordinated

  and resourced
- Overall medical director should be an integral part of training

RECOMMENDATIONS

- Contact all students prior to reporting for class (modified pre-execution cklist)
- Request strong medical director support for course (on TDA preferable)
- Aggressively recruit certified NCO instructors
- Plan time to conduct CPR and hospital required training early in Ph 1

RECOMMENDATIONS-cont.

- Plan for multiple Ph 1 courses to maximize number of students in Ph 4
- Coordinate DANTES support (RRC) at a consolidated location
- Schedule frequent interactions with customers to clarify reclass/transition issues
- Identify plan for recertification early in soldiers' training

MOA

- Contract vary in detail and requirements
- Multiple contacts with facilities often required to negotiate final product
- Signature chain can be complex depending on local requirements (hospital/RRC)
- Distance to facility from training site may pose logistic challenges

MOA- cont.

- Process:
  - Initial contact with education department
  - Identify requirements (memo detailing visits)
  - Obtain primary POC- ED, appropriate hospital floor, clinic, ambulance service
  - Establish schedule for visits
  - Complete prerequisites per facility protocol
  - Conduct visits and complete documentation
  - Follow up with “thank-you” letter

Recommendations for Clinical Training

- Imperative to conduct patient visits in an actual medical setting for the reclassification students- usually no previous patient contacts
- Visit schedule must be added to basic curriculum (evenings, off-weekends, etc.)

Quality Improvement

- Consideration of TRADOC Accreditation Standards- standard
- Current evaluation process- QI

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